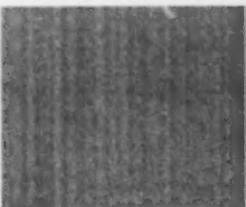

Health and Safety in
Personal Care Homes,
Group Homes and
Related Facilities:
A Worker's Guide

**OCCUPATIONAL
HEALTH
& SAFETY**



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Many related publications and *The Occupational Health and Safety Act and Regulations*, are available on our web site: www.aeel.gov.sk.ca and on the WorkSafe Saskatchewan web site.

We can also be contacted by phone at 1-800-567-7233 or 1-800-667-5023.

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About this publication

Remember that this publication does not replace *The Occupational Health and Safety Act, 1993* and *The Occupational Health and Safety Regulations, 1996* (the Act and regulations). You still need to refer to the legislation to find out exactly what requirements apply to your organization. To order a copy of the legislation, contact:

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REGINA SK S4P 3V7
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I. Introduction

Providing care to clients and assistance with daily living activities in residential settings can present special health and safety challenges. This handbook is written for workers in the field of personal and group home care. It describes some of the more common hazards and what you can do to protect yourself. As a worker you have an important role in ensuring that your workplace is healthy and safe for yourself and for your co-workers.

Your employer also has an important role in protecting your health and safety. Key requirements are summarized in **Appendix B: - Quick Reference for Employer OHS Responsibilities in Personal Care Homes, Group Homes and Related Facilities**. Your employer is expected to be familiar with the requirements and to have a copy of the *Occupational Health and Safety Act and Regulations* at the workplace.

- As personal care or group home workers, you perform a variety of different tasks, many of which put you at risk of injury. The three most common causes of work-related injuries are:
- Overexertion and repetitive movement;
- Slips, trips, and falls; and
- Violent and aggressive behaviour.

You may also be exposed to infectious diseases and hazardous chemicals.

This handbook was written to help you:

- Identify the types of activities that put workers at risk of injury and illness.
- Prevent injuries and illnesses.
- Know what to do if you are hurt or ill.
- Know your workplace rights and responsibilities.
- Know where to find more information.

II. Overexertion and Repetitive Movements

The majority of work injuries suffered by personal care home and group home workers are musculoskeletal injuries (MSIs) caused by overexertion or repetitive movements.

An MSI is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissue. MSIs include sprains, strains, and inflammation that may be caused or aggravated by work.

Risk Factors

Risk factors are parts of a work activity or environment that can cause or contribute to an injury. To prevent overexertion injuries, you need to know what risk factors you may come across. Five main types of risk factors that cause or contribute to MSIs are:



1. Force

Force is the effort you put into moving or gripping something, whether it's a person or an object. When your body has to work harder and your muscles, tendons, ligaments, and joints are physically stressed, you are at greater risk of injuring yourself.



2. Repetition

Repetition is when you make the same movement or do the same task over and over again, using the same muscle groups. Performing any task or a series of similar tasks, without sufficient rest, tires the muscles and increases your risk of injury.



3. Awkward posture

Awkward posture occurs when any part of your body bends or twists excessively, outside a comfortable range of motion. Working in an awkward posture increases the stress on your muscles, tendons, ligaments, and joints. You are at greater risk for injury if you have to hold the posture for a long time, or if other risk factors, such as force, are present.



4. Static posture

Static posture occurs when you hold one position for a long time. The level of risk from static posture depends on the posture being held and the level of effort required to maintain the posture.



5. Contact stress

Contact stress happens when a body part, especially a bony part like the knees or elbows, is pressed against a hard or sharp surface. Contact stress can injure the nerves and tissues beneath the skin by interfering with normal blood flow and nerve function.

Recognizing MSIs

If you have an injury caused by overexertion or repetitive movement, you may experience the following signs and/or symptoms:

Signs of injury are SEEN, and include:

- Redness
- Swelling
- Loss of normal joint movement
- Loss of muscle mass

Symptoms of injury are FELT, and include:

- Pain (shooting, dull, sharp, aching, or throbbing)
- Tenderness
- Weakness
- Numbness or cramping
- A feeling of heaviness
- Pins and needles
- Heat or burning sensation
- Cold sensation

A. Client Care Hazards

Risk Factors

Client care activities can put you at risk of developing MSIs as they involve a number of the risk factors listed above. This includes activities that involve mobilizing, lifting, holding, turning, positioning or transferring a client. The risk increases as these activities are repeated over time.

Any of these client care activities, if not done safely, increase your risk of developing a serious MSI.



1. Transferring or repositioning clients

Risk factors include awkward posture, and static posture with force.

- Transferring or repositioning clients without using proper equipment puts you at risk of injury.
- Transferring or repositioning clients may require you to reach or bend over excessively and twist your upper body.
- The risk increases when a client resists being moved.

2. Dressing clients

Risk factors include awkward posture and static posture with force.

- Dressing clients often requires you to reach and bend excessively, or use other awkward postures.
- Supporting the client (or the client's leg or arm) in one position for a long time with the weight of the body or body part may require you to use greater force.

3. Bathing clients

Risk factors include awkward posture, static posture with force, repetition, and contact stress.

- Bathing clients often requires you to adapt to the layout of the bathroom and can cause you to use postures that are awkward and uncomfortable.
- Supporting the client (or the client's leg or arm) in one position for a long time.
- Assisting with bathing causes you to use the same sets of muscles over and over without a chance to rest them.
- Bathing clients in bathtubs may require kneeling on and/or leaning against surfaces that can stress those body parts in contact with the hard surface.
- There is a risk of the client slipping while you are assisting them.

What You Can Do to Reduce the Risks.

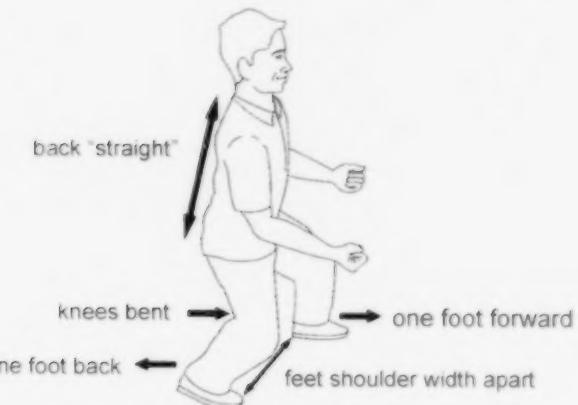
In General:

- Understand the risks of MSI and work safely within your physical capabilities.
- Check for hazards and assess risks before starting a task.
- Ensure the risks associated with a client's mobility needs have been assessed and client specific procedures have been developed.
- Prior to transferring or repositioning a client, check what equipment and help you will need.
- Check and use the procedures that are specific to this client's mobility assessment. These should be readily available (e.g. posted near a client's bed).
- Ask your client to assist as much as possible. Let them know what you are doing and how they can help.
- Use available help and proper equipment (e.g., wait until a second person and equipment are available before proceeding if it is not a life-threatening emergency).

Transferring or repositioning clients

- Use transfer assist devices such as transfer belts or low-friction slide sheets.
- Remove obstacles from around beds and chairs so that you can position yourself close to the client.
- Never let your client hold onto you during any moving task.
- Use proper techniques.
- When required, work in pairs or teams.
- Shift your body weight using your legs during the transfer or reposition task.
- Don't pull with your arms or back.

- Ensure a strong base of support:
 1. Keep your feet shoulder-width apart.
 2. Position one foot forward and one foot back.
 3. Bend your knees.
 4. Keep your back "straight" (in neutral spine position).



- Never try to hold a client in a standing position. If they are unstable, guide them to a seat, bed or lower them gently to the floor.
- Never try to stop a client from falling. Control the client's fall to the floor as trained.
- Use a strong power grip (as shown). Avoid pinch grips.
- Never lift or hold a client under their armpits.



- Use mechanical lifting equipment, as it was intended and as you were trained.
- Ensure the equipment has been kept in good condition before you use it.
- Whenever possible, push the equipment —don't pull it.
- Never manually lift clients when positioning them in a lift sling. Roll them from side to side to place the sling underneath them.

A safety checklist of client-care risks and hazards can be found in the attached **Appendix A**.



Dressing Clients

- Use proper techniques.
- Keep your body upright.
- Shift your body weight using your legs when assisting the client to move.
- Start with the client's weaker side when putting on clothes.
- Help your client to lean forward when putting on shirts; this will relax the client's arms.
- Sit on a stool when assisting seated clients with their socks and shoes

Dressing Clients in Beds

- Ensure that your client is as close to the side of the bed as possible.
- Remove obstacles from around the bed so you can position yourself closely.
- Sit on the bed, or put one knee up on it, to bring yourself closer.
- Place your client's lower legs on a small stool or other elevated surface to lift their thighs off the bed.
- Clothing can be adapted to make dressing clients easier. For example, adaptive clothing is available that is roomier than normal clothing, has elasticized waistbands, and uses oversized buttons, snaps, or Velcro.

Bathing clients



- Plan the bathing process.
- Assemble everything you need and position all equipment.
- In small bathrooms, pull the wheelchair from the front so that you don't have to climb around it.
- Before you help clients into the tub, seat them on a transfer bench or shower stool and lather the far side of their bodies.
- Place their feet on a stool or the edge of the tub and lather them.
- Sit on a stool, the side of the tub, or on the toilet seat (if it's close) to keep your back more upright and reduce how much you have to reach and bend.
- Use grab bars (if available) to support your upper body with one hand.
- Take short breaks to rest your lower back (e.g. stand up straight and arch your back slightly backwards).
- Watch for water spilled on the floor as this can be a slip hazard.

Bathing Clients in Bed

- Try not to twist, bend, or reach for water basins.
- Place basins on stools or tables at a comfortable height and close to where you are working.

B. Non-Client Care Hazards

Risk Factors

Other types of activities can put you at risk of MSI. Some of these activities include making beds, cleaning, doing laundry, and cooking.

1. Making beds

Risk factors include awkward posture and grip force.

- Tucking in sheets often requires you to bend over at the waist and reach forward.
- Gripping sheets and bed covers using a pinch grip increases the force required.
- Turning mattresses can require awkward postures and use of force, especially if repeatedly done alone.

2. Cleaning

Risk factors include awkward posture, static posture with force, and contact stress.

- Cleaning the floors, the toilet, or the bathtub causes you to bend over or kneel. Cleaning overhead may require you to reach overhead for a long time.
- Scrubbing with force while bending or reaching increases your risk of injury. Kneeling on hard surfaces can put pressure on your knees.
- Mopping requires forceful and awkward shoulder movements.

3. Doing laundry

Risk factors include awkward posture with repetition and grip force.

- Loading or unloading laundry from washers, dryers and laundry tubs can require you to repeatedly bend forward while twisting.
- Manually wringing clothes repeatedly puts you at risk of an MSI injury.
- Lifting dry laundry using a pinch grip can increase the force required by the small muscles in the hand and forearm.
- Lifting wet laundry can require even greater force to grip and lift.

4. Cooking

Risk factors include force, awkward posture, and static posture.

- Cutting with blunt knives can increase the force required to cut food.
- Preparing and cooking food on a surface that is too high can require you to use awkward wrist and shoulder postures.
- Preparing and cooking food on a surface that is too low can require you to bend over, putting stress on your back.
- Scrubbing pots and preparing large amounts of vegetables involves repeated forceful wrist movements (e.g. peeling potatoes).
- Repeatedly lifting heavy kitchen equipment or supplies can put increased forces on your back.

What You Can Do to Reduce the Risks

- Prepare food at a comfortable working height (about 5-10 centimeters below standing elbow height). Your shoulders should be relaxed.
- Fold clothes at a comfortable height (about 5-25 centimeters below standing elbow height). Your shoulders should be relaxed.
- Minimize the size of laundry loads, cooking pots and other items you handle.
- Avoid wringing out clothes by hand.
- Use spring-loaded false bottoms in laundry tubs and raise the height of the laundry tubs as much as possible.
- Get or wait for help before doing jobs that are awkward or require a lot of force.
- Ensure knives are kept sharpened.
- Rotate your work tasks to limit repetition.

III. Slips, Trips and Fall Hazards

Slips, trips, and falls are one of the most common causes of injury for personal care and group home workers. Workers can be injured by a slip, trip, or fall both inside and outside the home.

Risk Factors

Inside the home

- Uneven or slippery floors and steps.
- Wrinkled or worn carpet and curling vinyl tiles.
- Clutter in hallways and on stairs.
- Electrical cords that cross walking areas.
- Open drawers.

Outside the home

- Surfaces such as sidewalks, steps and wooden ramps covered with water, ice, snow, leaves, or moss.
- Uneven sidewalks and steps.
- Debris or items left on sidewalks and pathways.
- Poor lighting.

What You Can Do to Reduce the Risks

Inside the home

- Keep your shoes on while you work. Keep a separate pair at work for indoor use only.
- Check the floor surface before walking on it. Is it slippery? Is it uneven?
- Rinse and dry floors after cleaning to remove any slippery residue from cleaning products.
- Watch out for wrinkled or worn carpet and vinyl tiles that are curling at the edges.
- Watch out for clutter in walkways and stairs, and suggest that items be stored in a safer place.
- Use handrails when climbing up and down stairs.
- Tuck electrical cords out of the way.
- Keep drawers closed.
- Carry loads in both hands to keep your balance, and look where you are going.

Outside the home

- Do not rush. Plan your route and stay focused.
- Wear footwear that has a good tread and won't slip.
- Be especially careful when walking on uneven, wet, or icy surfaces.
- Use a flashlight when lighting is insufficient.

IV. Violence

This includes someone's actions, threats or behaviors that cause you injury or give you good reason to feel you are at risk of being injured. Working closely with clients and their families and friends, often under difficult circumstances and sometimes in isolated locations, can put you at risk of violence.

Many home and community care workers may not report to their supervisor, committee representative, or co-workers when their clients act aggressively or are violent toward them because they feel that it is "part of the job." It is not okay to just accept exposure to violence. You should take steps to prevent this.

Risk Factors

Clients

- Clients may have a history of violent behavior.
- They may act aggressively, or feel frustrated or angry because of:
 - their medical conditions or medications.
 - their not knowing you or having a fear of the unknown.
 - poor communication with health care providers.
 - their dependence on others.
 - drug or alcohol addiction.
 - language and cultural barriers.
 - other issues.

Family and visitors

- Family members and visitors may have a history of violent behavior. They may become argumentative because of their frustration with the client's condition or the care arrangements.

Environment

- Risks in the community (an isolated location, limitations in the method of communication, poor lighting, crime).
- The home may be cluttered and poorly lit, making it difficult to leave quickly in the event of violence.

What You Can Do to Reduce the Risks

Always be aware of potentially violent situations and report acts of violent or aggressive behavior to your supervisor as soon as you can.

Ensure your employer has a violence policy and a harassment policy and that you have received the appropriate training to fully understand how each policy is used. The policies must include measures the employer has in place to minimize the risks, as well as what is to be done if an episode of violence or harassment occurs. For example, a protocol for dealing with a violent situation should involve summoning help and leaving the area. For clients who display ongoing behavioral issues, workers should be aware of any behavior support plans that have been developed.

Clients

- Prior to commencing care, assess your client's history, care plan, current communications (such as incident reports, especially the reported causes and solutions) and the client's mood before you start your duties.
- Be aware of what factors trigger, calm or otherwise affect a client's behaviour.
- Tell your client what you are going to do before you do it.
- When appropriate, keep space between you and your client.
- Avoid letting your client come between you and an exit from the room.
- Be aware that your client may become more aggressive when you are assisting with personal care or toileting.
- Be sensitive of cultural or language barriers.
- Reassess whether the task needs to be performed immediately or whether it could wait until the situation has calmed down.

What you should know and report about clients:

Read the communication notes and care plan beforehand, including any behavior support plans.

- Be aware of health diagnoses, specific triggers, and ways to minimize violent behaviour.
- Know your employer's procedures to minimize risk.
- Report to your supervisor and/or record in the communication book:
- events/conditions that cause violent and aggressive behaviour in your client;
- significant changes in your client's mood; and
- techniques you use to calm the client.

Family and visitors

- If unauthorized visitors are at the home when you arrive, ask the client to have them leave before you enter or before you provide care.

Environment

- Use a flashlight and be alert when walking to or from the home at night.
- Make sure that you can get out of the home easily, without stepping over and around furniture or clutter.
- Tell your supervisor if any inside or outside lights are not working.
- Ask your supervisor for an escort to your vehicle, if you believe there is a reasonable danger at night.

If a client's, family member's, or visitor's behaviour is escalating (e.g. becoming more agitated, combative, etc):

- stay calm and do not argue or raise your voice.
- try to leave at least two metres (six feet) between you and the person and stand off to one side.
- watch for signs that the person may strike out (for example, a reddening or other change in skin colour, fast breathing, finger-pointing, and yelling).
- if appropriate, reassure the person that his or her concerns will be dealt with as soon as possible.
- tell your supervisor about the situation as soon as it is safe to do so.
- if you feel you have been exposed to a violent incident, consult with your physician. This can be done on work time. If this is done on your own time it can be credited as time at work with no loss of pay or benefits.

V. Traveling and/or Working Alone

Risk Factors

When you travel and work alone, you may be more susceptible to harm from violent and aggressive behaviour. Direct supervision and oversight is lacking and there is also a delay in getting help when something goes wrong.

What You Can Do to Reduce the Risks

- Make sure you have received training on your employer's traveling/working-alone policies and procedures and make sure you follow them.

- Assess and identify hazardous activities and restrict them if possible while you are alone.
- Carry a charged cell phone or other portable phone and phone numbers for police, fire, and ambulance, and your supervisor. Consider carrying a personal alarm.
- Make sure you have regular contact with your employer or a party designated by your employer.

Traveling Alone:

- Keep your car in good working order.
- Lock your car while you are driving.
- Stay on well-traveled roads and streets.
- Park in well-lit areas. Avoid underground parking lots, dark alleyways, or parking beside large vehicles that stop people from seeing your car.
- Avoid getting on or off at bus stops that are poorly lit or where there are few people.
- Drive to the nearest police station if you feel you are being followed.
- If you feel you are being followed while walking, go directly, without running or looking back, to the nearest place of business and call 911.

Working Alone:

- Make sure the outdoor areas are well lit and doors are locked.
- Test the emergency lighting system to ensure it works.
- Ensure medication is locked up.
- Avoid doing outdoor work alone. Wait until the daytime when other workers are also present.
- Ensure a readily accessible safe zone or area.
- Be familiar with the emergency plan.

VI. Infectious Diseases

You may be caring for clients with infectious diseases such as hepatitis, HIV, influenza (flu), noroviruses, tuberculosis (TB), measles, chicken pox and antibiotic resistant bacterial infections. To protect yourself, you need to become familiar with how diseases are spread and how to prevent exposure.

Risk Factors

1. Blood-borne Diseases

Blood-borne diseases, such as hepatitis B, hepatitis C, and HIV, are diseases that are spread through direct contact with contaminated blood and body fluids of a person with the disease. These kinds of diseases are not spread by mosquito bites or by casual contact, such as shaking hands, or by using the same facilities and equipment (e.g., toilets, sinks, telephones, and dishes) used by a person with the disease. You are at risk of exposure to these diseases if:

- infected blood or body fluids come into contact with the tissues lining your eyes, nose, or mouth;
- infected fluids come in contact with a cut in your skin; or
- you are poked with a needle that is contaminated with infected blood.

2. Other Diseases

Different infectious diseases are transmitted in varying ways, including:

- inhaling infectious materials that have become suspended in the air (e.g. from a cough or sneeze).
- coming in direct contact with infectious body secretions or excretions, or materials or surfaces contaminated with them.
- inadvertently swallowing infectious materials that have been splashed onto or otherwise transferred to the mouth.

For example, diseases such as influenza, TB, measles, and chicken pox, may be spread by:

- touching a person or object (e.g., table, door knob, or telephone) contaminated with the disease, and then touching your eyes, nose, or mouth; or
- breathing in the very small airborne drops of saliva or mucus made when an infected person coughs, sneezes, or speaks very close to you.

You might be exposed to these types of hazards when providing direct client care, such as dressing or bathing, or cleaning and cooking for infected clients.

What You Can Do to Reduce the Risks

Check your employer's Exposure Control Plan and ensure you have received appropriate training before you could become exposed to infectious materials. The Exposure Control Plan includes information on how workers can become exposed and what safe work procedures and standard precautions the employer has in place to prevent exposure. It must also include what emergency procedures are to be followed if an employee has been exposed, for example through a needlestick injury.

1. Preventing exposure to blood-borne diseases

Note: Needle safe devices such as safety-engineered needles are required in all group homes, personal care homes and related facilities, where employees use needles to draw blood or to administer medications.

- Handle all blood and body fluid materials as if they were infectious.
- No blood or body fluid should come into direct contact with you.
- Complete all three doses of your hepatitis B vaccination.
- Use proper hand washing procedures.
- Regularly clean and disinfect surfaces and equipment that can spread infectious materials.
- Use appropriate personal protective equipment (including gloves, gown, goggles, and face shield, procedure masks and respirators) as you were trained.
- Handle sharps safely, and dispose of them in designated sharps containers.
- Put used needles into properly designed rigid containers, and place soiled waste materials into garbage bags for proper disposal.
- Be alert when handling garbage bags or waste containers. Watch for sharps sticking out of the bag or container.

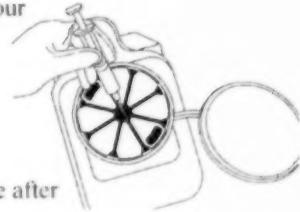
- Do not:
- reach into waste containers with your bare hands.
- compress garbage bags, hold them against your body, and use bare hands to pick them up, or use your hands to support them from underneath.
- reach blindly. Look before reaching behind furniture and equipment.

If you are exposed to potentially infected blood or body fluids:

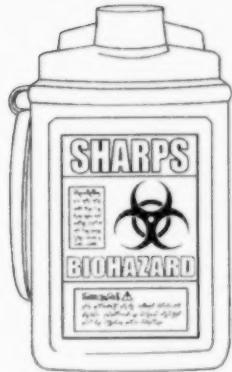
- Immediately wash the exposed area thoroughly with soap and water, and allow the wound to bleed freely.
- Go to the nearest hospital emergency department for treatment and evaluation within two hours of exposure.
- Report the incident immediately to your supervisor.
- Follow appropriate post-exposure protocol.

Handling Sharps Safely

- Follow safe work procedures provided by your employer.
- Wear disposable gloves when handling or disposing of sharps.
- Point sharps away from your body.
- Immediately activate the sharp safety feature after use.
- Discard immediately into portable sharps containers — rigid, unbreakable, puncture-proof, leak-proof containers with lids that can be locked when full.
- Use tongs or pliers to handle and dispose of broken needles, other sharps, and broken glass.
- Do not:
 - recap or directly handle needles.
 - remove, bend, or break contaminated sharps.
 - remove contaminated needles from disposable syringes—discard them as a single unit.



Placement and Handling of Sharps Containers.



- Place containers in an accessible location close to where you work with sharps, but not accessible to clients who may abuse sharps.
- Keep containers upright and secure them so they cannot tip over.
- Never force sharps into containers or put your hands in containers.
- Do not open containers or empty them. Replace when they are three quarters full.
- Secure the lid before moving or disposing of containers.
- Do not throw containers in the garbage. Follow your employer's disposal procedures.
- Keep containers out of reach of children.

2. Preventing Exposure to Diseases - General

- Ensure that you have had all the appropriate vaccinations and booster shots (such as for influenza, measles, and chicken pox).
- Use standard precautions that assume all materials and clients are potentially infectious.
- Wash your hands frequently using proper hand washing procedure. Try not to touch your face or mouth.
- Use the personal protective equipment (including gloves, gown, goggles, face shield, and respirator) specified in the exposure control plan.
- Use cough etiquette and encourage your clients to do the same. For example, cover your nose and mouth with tissue when sneezing and coughing. If no tissue is available, use elbow or sleeve. Wash and disinfect your hands after coughing, sneezing or using tissues.
- Provide clients that have serious respiratory infections with surgical masks for use when you need to provide close care. If you need to provide direct care in close proximity to a patient who is unable or unwilling to use cough etiquette or a surgical mask) you may choose to wear a NIOSH-approved N95 respirator and some eye and face protection.
- Be aware of the risk assessment results from your supervisor, and follow the recommended safe work procedures.

Hand washing

Hand washing is one of the best ways to minimize the risk of getting or spreading infection. By removing disease-causing material from your hands, you avoid infecting yourself when touching your eyes, nose, or mouth. You also avoid contaminating common objects (e.g., phones, keyboards, and doorknobs) and infecting others.

Follow proper hand washing procedure, using soap with warm running water. If water is not available, use an alcohol based waterless hand cleanser.

Make sure to wash your hands immediately:

- after arriving and before leaving the home.
- after unprotected contact with blood or other potentially infectious materials.
- before putting on and after removing personal protective equipment (for example, gloves, respirators, and goggles).
- before and after direct contact with clients.

When cleaning hands:

1. Press hands palm to palm.
2. Press each palm over back of opposing hand.
3. Interlace fingers, palm to palm.
4. Interlock fingers.
5. Rotate each thumb in palm.
6. Rotate fingertips in palm.

After washing your hands for at least ten seconds, rinse them thoroughly before turning the faucet off in a way that does not re-contaminate your hands. Make sure you then dry your hands thoroughly.

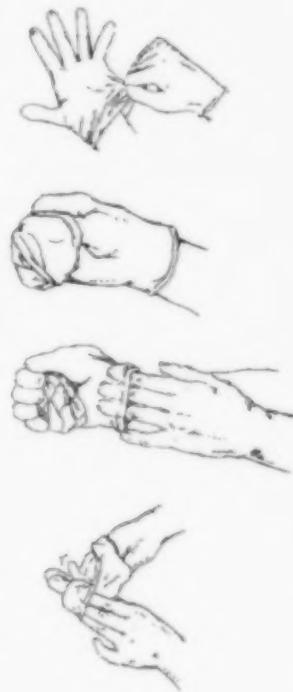
Gloves

Gloves are the most common type of personal protective equipment. Gloves should be waterproof, disposable, of good quality, suitable for the task, and preferably latex-free. Don't use cloth gloves or gloves that are not waterproof.

Remove disposable gloves as soon as possible, if they become damaged or contaminated, and after you have completed the task requiring gloves. Gloves should be removed before leaving the work area. Do not wash and reuse your gloves. Use new gloves for each new task.

Removing Gloves

1. With both hands gloved, grasp the outside of one glove at the top of your wrist.
2. Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.
3. Hold the glove you just removed in your gloved hand.
4. With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.
5. Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.
6. Dispose of the entire bundle promptly in a waterproof garbage bag. Do not reuse!
7. Wash your hands thoroughly with soap and water as soon as possible after removing gloves and before touching any objects and surfaces.



VI. Exposure to Harmful Chemicals

Risk Factors

Using cleaning products or pesticides in your client's home can put you at risk of exposure to chemicals. Some chemicals in household products can irritate or burn your eyes and skin. Some can irritate your lungs. Some are suspected of causing longer-term health effects. Use all household products with care.

Ensure that you are made aware of the hazards and receive training on safe work practices and other control measures. Material safety data sheets (MSDS) are good sources of this information. You need to become familiar with the symbols that describe the hazards presented by these products and where to get more information (e.g. MSDS). You should also read all product labels to identify those substances that may be harmful to you.

What You Can Do to Reduce the Risks

- Do not use a product if you are unfamiliar with it or have not been trained to use it safely.
- Use personal protective equipment such as gloves and respiratory equipment as required.
- Always follow instructions on product labels.
- Do not use a product if you cannot read the label or if there is no label.
- Use products in well-ventilated areas.
- Dilute the product as required by the manufacturer.
- Keep cleaning cloths separate from cloths used for food preparation. Know how to clean up spills safely.
- Do not mix cleaning products. Chemical reactions may occur and create toxic vapours.
- Know what to do if a product comes in contact with your skin or eyes. Eyes or skin exposed to corrosive, infectious, acutely toxic substances or strong irritants will need to be flushed extensively and treated as soon as possible. If you experience any signs or symptoms of exposure, stop using the product immediately, and move to an area with fresh air

See www.aeel.gov.sk.ca/WHMIS for more information on WHMIS and consumer label symbols and what they mean. MSDS must be available for all WHMIS controlled products.

Possible signs and symptoms of chemical exposure:

- dry or red skin
- blisters
- itchiness
- a burning sensation
- stinging eyes
- coughing
- dry throat
- shortness of breath
- headache
- nausea
- dizziness
- blurred vision

You must act immediately whenever you have signs or symptoms of injury or disease caused by work activities. Seek medical attention when experiencing signs and symptoms of injury. Not seeking medical attention can lead to more serious health effects and may result in lengthy time away from work.

VII. Workers Rights and Responsibilities

A. Rights

Workers have three important rights under OHS legislation:

- The right to know about workplace hazards, including how to identify and protect themselves from those hazards.
- The right to participate in decisions related to occupational health and safety, free of reprisal for their participation. Participation, in part, is achieved through consultation with the committee.
- The right to refuse unusually dangerous work.

You have the right to know, for example:

- What the hazards are
- How to protect yourself from hazards such as what safe work procedures to use and what safety equipment is needed.

You can participate by:

- co-operating with your Occupational Committee (OHC), or OHS representative, where you have one.
- promptly reporting to your supervisor;
- if you have not been provided with information on the hazards or risks in the home.
- if you are at risk of injury or of exposure to violent or aggressive behaviour.
- if there are any changes in a client's personal needs or behaviour.
- if you have been injured in the course of your work activities.

You Have The Right To Refuse

Refuse any task that you feel puts you in unusual danger of injury. Follow these steps for refusing unsafe work.

1. Immediately report the situation to your supervisor. Your supervisor/employer must investigate immediately and either rectify the situation or advise you that they feel the work is already safe. Note: Your employer may assign you to other work while this process is done.

1. If you believe the work continues to be unsafe and you are continuing to refuse the unsafe work, contact your Occupational Health Committee (OHC) worker co chair, if you have an OHC, and they will assist in the situation.
2. If, after this, you still believe that the work is unsafe, and you are continuing to refuse unsafe work, the full OHC must hold a special meeting and vote on the refusal.
3. If you are still not satisfied that the work is safe, you may contact an occupational health officer. If you do not have an OHC you can also contact an occupational health officer.

You have a right not to be discriminated against, disciplined, or fired for exercising any right (i.e., refusal of unsafe work), or in carrying out health and safety responsibilities. If this happens, report it to OHS.

B. Responsibilities

Workers have responsibilities under OHS legislation.

- Workers must take reasonable care to protect their health and safety and the health and safety of other workers who may be affected by their acts or omissions.
- Workers must refrain from causing or participating in harassment of another worker.
- Workers must co-operate with any other person exercising a duty imposed by *The Occupational Health and Safety Act, 1993* or *Regulations, 1996*.
- Workers must comply with *The Occupational Health and Safety Act, 1993 and Regulations, 1996*.
- Your responsibilities include:
- applying the knowledge and training you receive,
- using equipment (e.g. personal protective equipment, lifting equipment) provided to you to protect yourself.
- following your agency's occupational health and safety procedures, as you were trained.

VIII. Occupational Health Committees (OHC)

Workplaces with 10 or more workers must have an OHC that advises on all elements of your workplace occupational health and safety system. Your OHC is made up of worker and employer representatives. In unionized workplaces, the unions determine the process to nominate worker representatives. How the union selects worker representatives is sometimes determined by the collective agreement. In non-unionized worksites, worker representatives must be elected by worker representatives on the OHC. The number of worker representatives must be equal to or greater than the number of employer representatives.

Members of the OHC are trained in occupational health and safety processes and procedures, and work co-operatively within a joint process (equal representation) to promote health and safety in the workplace.

If you have a health and safety issue that you and your supervisor have been unable to resolve, and would like it raised at the next OHC meeting, or you are interested in becoming involved in your OHC, contact your OHC. To find out who your representative is, and how to contact her or him, talk to your supervisor or union steward.

Resources

Occupational Health and Safety, Ministry of Advanced Education, Employment and Labour, www.aeel.gov.sk.ca. The website includes the legislation, publication, and information on training.

The Saskatchewan Association of Health Organizations (SAHO) offers a variety of programs for health care employers. Visit www.saho.org.

Appendix A

SAFETY CHECKLIST

You must be told what hazards may be present BEFORE you work. Complete this checklist to identify new hazards or changes in your client's condition that require reassessment to protect your health and safety.

If you answer "No" to any of these questions, contact your supervisor.

- Are you aware of your client's case history and of an existing behaviour management plan for this client?
- Do you know what to do in the event of an emergency or if you are injured?
- Do you have a means to contact your employer or emergency services in case of emergency?
- Is there good lighting outside and inside the workplace?
- Are walkways and stairs in good repair, and clear of debris and clutter?
- Do you feel safe entering the workplace?
- Do you feel safe dealing with the client, his/her family, or others at your workplace?
- If the client requires your help to move, have you been trained to complete an assessment of the client's abilities before helping with the move?
- If the client must be moved with a mechanical lift or other device, do you have the assistance you need, and have you been trained to use this equipment (e.g., ceiling lift, portable lift, or transfer assist device)?
- Have you been trained to protect yourself from infectious disease and exposure to harmful chemicals, and have you been provided with appropriate personal protective equipment?
- Do you know how to use your home's cleaning products safely?
- Are you able to keep the work area well-ventilated (e.g. open a window) when you are using cleaning products?
- Do you know who to contact if you have health and safety concerns?
- Have you been trained on the violence policy?

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Prevent harassment.	<ul style="list-style-type: none">Develop a policy to prevent harassment that meets the requirements of the regulations. Post a copy in the workplace.Make sure your workers understand the policy and follow it.	<i>Act</i> , Part II: section 3(c) and Regulation 36
Inform workers about hazards at your workplace and their rights under the legislation.	<ul style="list-style-type: none">Tell workers about workplace hazards and how to prevent harm.Make a copy of the <i>Act</i>, and regulations, and standards set out by the regulations readily available to your workers. Post health and safety information provided by OHS. Provide a bulletin board for your committee to use.Tell workers about their rights and responsibilities under the legislation. Educate them about any regulations applying to their work. See that supervisors and workers comply with the legislation.	<i>Act</i> , Part II: section 9(2) and Regulations 15 and 18
Develop a violence policy if your workplace requires one.	<ul style="list-style-type: none">Develop and implement a violence policy that includes providing information and training to workers.	<i>Act</i> , Part II: section 14(1) and Regulation 37

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Involve your workers in health and safety.	<ul style="list-style-type: none"> Set up an occupational health committee if your workplace has ten or more workers and ensure the committee co-chairpersons are trained in their committee duties and responsibilities. Designate a worker occupational health and safety representative if your workplace has from five to nine workers and is listed in Table 7 of the Appendix to the regulations. Consult your workers about health and safety issues if you don't require a committee or a representative. 	<i>Act, Part III; and Part IV of the Regulations</i> Table 7 of the Appendix to the <i>Regulations</i>
Provide your committee or representative with the time they need to carry out necessary activities.	<ul style="list-style-type: none"> Provide paid work time to allow the committee or representative to participate in the development of health and safety measures, investigate concerns, meet at least quarterly and carry out other duties. Allow the committee or representative to discuss health and safety issues and regulatory requirements with workers. Ensure that your committee or representative has access to any logbook or other records required by the legislation. 	<i>Regulation 48</i> <i>Part IV of the Regulations</i>

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Provide competent supervision.	<ul style="list-style-type: none"> Train your supervisors about their rights and responsibilities under the legislation, including regulations applying to their work and the jobs of the workers they supervise. Make sure they follow your requirements (such as work rules and safe work procedures); comply with the legislation (encourage supervisors to set an example); and ensure their workers know about and comply with the legislation and your workplace requirements. 	<i>Regulation 17</i> See Part I of the regulations, section 2(1) (ddd) for the definition of 'supervisor'
Provide orientation and training.	<ul style="list-style-type: none"> Train new hires and inexperienced workers in all matters necessary to protect their health and safety. Ensure adequate supervision as training is proceeding. 	<i>Regulation 19.</i>
Train workers to protect themselves from job hazards and to use hazard controls (equipment, engineering controls, safe work practices).	<ul style="list-style-type: none"> Provide training required by any programs, policies, procedures, and schedules required for your business. 	See Part I of the <i>Regulations</i> , section 2(1) (eee) for the definition of 'train' and various issue-specific regulations.
Examples:		
WHMIS.	<ul style="list-style-type: none"> Train workers about the hazards of controlled products at your workplace and how to control those hazards. 	<i>Regulations 318(4) and 318(6)</i>

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Precautions for certain substances.	<ul style="list-style-type: none">Train your workers on the safe use of hazardous substances.	<i>Regulation 304</i>
Personal protective equipment.	<ul style="list-style-type: none">Train workers to use personal protective equipment properly.	<i>Regulations: Part VII and others applying to the work</i>
Patient moving and other ergonomic hazards.	<ul style="list-style-type: none">Develop and implement a written lifting program for moving patients, residents or clients.Inform workers of the hazards and train them on your lifting program including safe work procedures and the use of your equipment.	<i>Regulations 81, 470</i>
Inspect your workplace regularly and maintain lifting and other equipment.	<ul style="list-style-type: none">Have competent people regularly check and maintain your equipment.	<i>Regulations 25, 470</i>
Protect workers working alone or in isolated places of employment.	<ul style="list-style-type: none">Assess the risks of harm to any of your workers who must work alone or in isolated places of employment.Develop and implement policies and procedures to control those risks.	<i>Regulation 35</i>
Protect workers from back injuries and other lifting hazards.	<ul style="list-style-type: none">Whenever reasonably practicable, provide lifting equipment to reduce the need for manual lifts. If equipment cannot be used, take other measures (redesign, substitution, smaller loads, easier to handle or better-shaped loads, and so forth).	<i>Regulation 78</i>

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Protect workers from repetitive strain injuries.	<ul style="list-style-type: none">Workers can be hurt by the repetitive motions associated with repetitive activities such as lifting. Develop a system to identify potentially hazardous tasks and control the risks of harm.	<i>Regulation 81 and 83</i>
Protect shift workers.	<ul style="list-style-type: none">Assess the hazards of shift work at your workplace, inform workers about the hazards, and help them to control the risk of harm.	<i>Regulation 82</i>
Provide first aid resources.	<ul style="list-style-type: none">Provide adequate first aid supplies, equipment, and trained first aid attendants.	<i>Regulations: Part V</i>
Protect workers exposed to infectious materials/organisms.	<ul style="list-style-type: none">Develop a written exposure control plan to protect workers who are exposed to harmful infectious materials.Make your plan meet regulatory requirements.Use needles with engineered sharp protections; sharps disposal containers; and keep a sharps injury log.	<i>Regulation 85, 474 and 474.1.</i>
Develop plans to control hazards from chemical and biological substances.	<ul style="list-style-type: none">Keep track of chemical and biological substances that may harm workers; obtain hazard information about these substances; and prevent harmful exposures.Develop and implement safe work procedures and processes.	<i>Regulations: Parts XXI and XXII</i>

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Make MSDSs available to your workers.	<ul style="list-style-type: none">• Ensure that up to date material safety data sheets (MSDS) are readily available to your workers.• Make sure your workers understand the information on MSDSs.	<i>Regulations 327</i>
Protect workers from accumulations, spills, and leaks of chemical and biological substances.	<ul style="list-style-type: none">• Develop written emergency procedures to implement if an accumulation, spill, or leak happens.• Ensure that competent persons, equipment, supplies, and personal protective equipment are available.• Train workers to implement any of the emergency procedures.	<i>Regulations 310</i>
Investigate and report incidents causing serious bodily harm.	<ul style="list-style-type: none">• Investigate reportable incidents and prepare a report. The report's contents and distribution list are specified in the regulations. Notify OHS when prescribed.	<i>Regulations 8 and 29</i>
Investigate and report dangerous occurrences.	<ul style="list-style-type: none">• Report dangerous occurrences that could have caused a serious injury to workers to OHS.• Investigate dangerous occurrences and prepare a report containing the information required in the regulation.	<i>Regulations 9 and 31</i>

Key employer requirements (This is a partial list. See the legislation for the specific requirements.)		
What to do:	Summary	Legislation
Allow your workers to talk to occupational health officers.	<ul style="list-style-type: none">Provide paid work time for a worker to accompany an occupational health officer inspecting the workplace (if the officer requests it), and discuss health and safety concerns with workers.	<i>Regulation 20</i>
Investigate and resolve refusals to work.	<ul style="list-style-type: none">Work with your occupational health committee and the refusing worker to resolve the issue.Follow the procedures described in the Occupational Health Committee Manual. If you can't resolve the refusal, contact an occupational health officer.	<i>Act; Part IV and section 23</i>
Don't take discriminatory action.	<ul style="list-style-type: none">Don't take discriminatory action against a refusing worker, against a committee member, representative, or worker because that person acts in compliance with or seeks enforcement of OHS legislation.	<i>Act; Part IV; section 27</i>

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